

Colostomy



A practical guide to
stoma care



Innovators in **Stomacare**

Foreword

The content of this brochure was originally developed in the UK by SecuriCare Ltd who are specialist stoma care and continence nurses, providing patient care in hospitals, the community and via their friendly home delivery and support service for ordering medical supplies.

Not all products mentioned in this brochure will be available in all markets, please check with your supplier.

The information presented in this brochure is for general use only and is not intended for people living with any medical conditions who are seeking personal medical advice; it is not a substitute for the advice of your doctor. If you have any questions or concerns about individual health matters or the management of your condition, please consult your doctor or stoma care specialist.



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Introduction

It is a worrying time when you learn that you need to undergo major surgery. It can be particularly traumatic when you learn that as a result of surgery your bodily functions will not be the same – that you will have a ‘colostomy’ and will not be able to pass motions in the normal way but will wear a ‘pouch’ on your abdomen.



This booklet is intended to ‘fill in’ on some of the information you may have been unable to take in at the time of your surgery, to give you background information and practical advice about the day-to-day care of a stoma and to answer some of the queries that are bound to arise. It will also act as a reference source of other relevant organisations and of advice available.

You may not have heard of a colostomy or a stoma before or have only a vague idea what one is. You may feel horrified and upset, or temporarily numb at the news. Whatever your reactions and feelings, you will find hospital staff very understanding and supportive. They have helped very many people through the same experience and back to a full, active and happy life.

Very experienced nurses who specialise in stoma care will be there to care for you and help you with information, practical assistance, advice and reassurance about what having a stoma involves. The creation of a stoma is often a lifesaving operation, and for many people – there are thousands and thousands of people with colostomies – it actually improves the quality of their lives.

By the time you leave hospital you will be able to manage the pouches for your colostomy. You will in your own way learn to cope and to come to terms with the change in your body and with your stoma. Soon, your stoma seems less important, and becomes just an everyday part of your life.

How the digestive system normally works

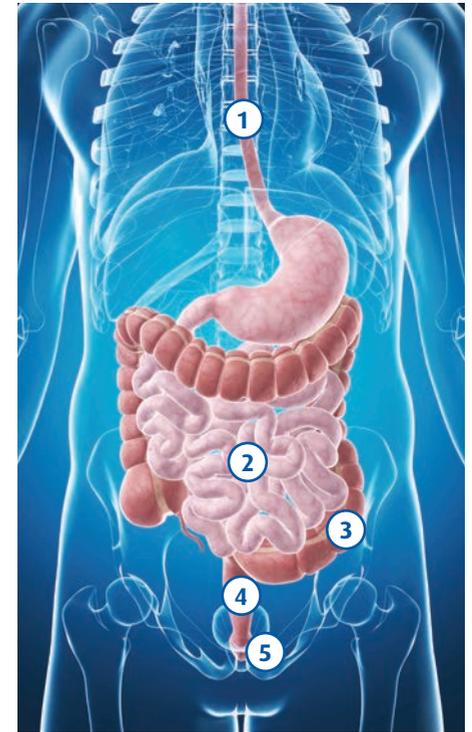
Digestion begins in the mouth where the food is chewed. Swallowed food passes down the oesophagus ① into the stomach.

The stomach acts like a liquidiser, churning the food in digestive juices until it is reasonably liquid and passing it into the ileum ② or small intestine.

The food passes along the small intestine (the walls of the stomach and intestines contain muscles that expand and contract to produce a wave like movement that urges the food onwards – this is called peristalsis).

During its journey through the small intestine most of the nutrients in the food are absorbed into the body, leaving a fairly liquid mixture of indigestible matter and water. The large intestine, or colon ③, has the job of taking water back into the body, leaving the indigestible or waste matter (faeces) in a semisolid form.

At the end of the colon, waste material is stored in the rectum ④, before being expelled through the anus ⑤.



1 Oesophagus

2 Small intestine (ileum)

3 Large intestine (colon)

4 Rectum

5 Anus

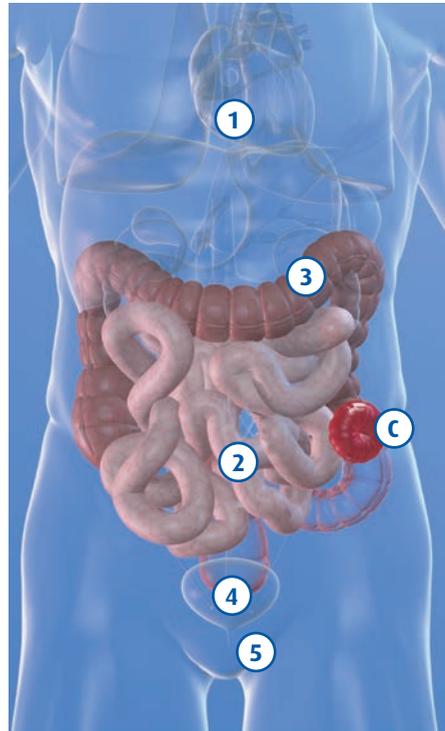
What is a colostomy?

There are three types of stoma procedures: colostomy, ileostomy and urostomy.

Sometimes part of the rectum ④ and/or colon ③ has to be removed or temporarily bypassed. This means that faeces can no longer leave the body via the anus ⑤ in the usual way.

The surgeon therefore needs to create a new outlet for faeces to be passed and this is done by making an opening onto the abdomen at the front of the body. This opening is called a colostomy ①.

A colostomy may be sited at one of several places in the colon – usually on the left hand side.



1 Oesophagus

2 Small intestine (ileum)

3 Large intestine (colon)

4 Rectum

5 Anus

C Colostomy

What is a colostomy?

A small opening is made on the outside of the abdomen and the end of the remaining colon is brought through and attached to the surface. This is a stoma. (The words ostomy and stoma come from the Greek word meaning 'mouth' or 'opening' and a colostomy is an opening created in the colon.)



A stoma looks like a small spout, deep pink in colour similar to the inside of the mouth. Although it looks raw, it has no feeling. Waste matter (faeces) comes out of the stoma and is collected in a special stoma pouch attached around it.

Mucous fistula

Sometimes, if the rectum has not been removed but is left in place, the cut end of that may also be brought to the surface to make a small opening called a mucous fistula. This usually needs little attention.

The waste matter from a colostomy

Food from the stomach travels round the small intestine, where nutrients are absorbed leaving just indigestible matter and water. This then travels round the part of the colon that remains and is passed out of the stoma. At first there is little control over this but often a regular pattern will emerge.

The colon has the job of absorbing water from the waste matter back into the body. The consistency of the waste material passed will therefore depend on how much colon is left – the further along the colon the stoma is situated, the more water will have been absorbed and the firmer the faeces will be.

Why are colostomies carried out?

Like any other major surgery a colostomy is not undertaken lightly and doctors will only recommend it where absolutely necessary.

Permanent colostomy

There are many reasons why surgery may have to be carried out and a permanent colostomy created. These include obstructions or growths of some kind in the colon or rectum, accidental injury, and occasionally severe cases of inflammatory bowel diseases like Crohn's disease.



Sometimes, patients will have had little idea that anything was seriously wrong because their condition caused only minor symptoms. The proposed surgery can therefore come as a shock, but it is necessary before further problems develop. For others, surgery can bring welcome relief from years of bowel problems. A colostomy in itself will not stop anyone from leading a full and active life.

Temporary colostomy

Colostomies can also be created as a temporary measure, to allow part of the intestine to rest and heal. Rejoining of the intestine then takes place at a later date.

A temporary colostomy may be created following accidental injury, or as part of the treatment for severe diverticular disease, where small pockets of faeces become trapped in the bowel and cause inflammation, pain and bleeding, or for some other reason where the gut needs to be bypassed for a while.

The surgeon will advise if the colostomy is just a temporary measure. Day-to-day care of the stoma, however, remains the same.

Before your operation

Members of the medical team will help to prepare you and advise you about your coming operation and answer queries. The procedure will be carefully explained to you and the doctor will tell you whether your colostomy is going to be a permanent one or if it is being created as a temporary measure.

It is quite likely that you will not be able to take in all the information at first. It may help to write down any queries you have as you think of them, so that you can remember what to ask.

In many hospitals specially trained stoma care nurses will be available to help you and your family. These nurses will be closely involved in your care and will make sure you have continued support in the hospital and at home. There may be local patient associations available to you that your nurse can put you in contact with.

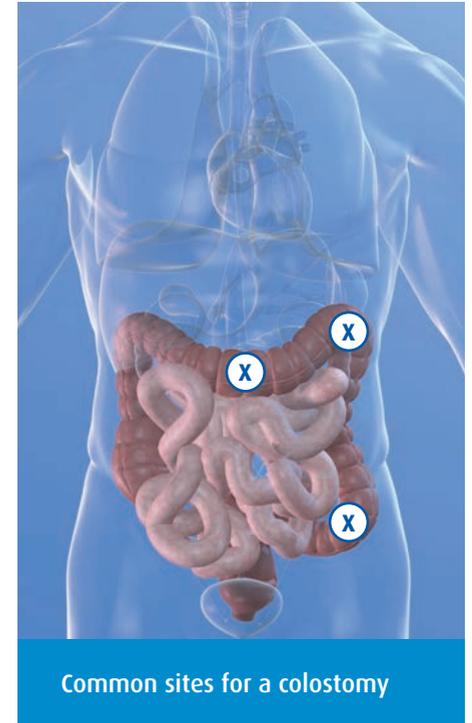
Before you come into hospital for your operation, you may be given a chance to practice changing a pouch. This can help you to become confident more quickly at looking after your stoma after your operation.

Where will the stoma be?

A colostomy is often sited on the left side of the abdomen but it depends chiefly in which part of the colon the colostomy has been created. Usually a mark is made on your abdomen before the operation. You can become involved in this planning by indicating what might suit you best, by sitting and standing and discussing what clothes you like to wear, and where the waistbands are likely to come.

You should also make sure you can see where the stoma will be, to make appliance changes easier.

Before the operation you will probably have your bowels emptied and a washout given – medical staff will advise.



In hospital

After your operation

When you first come round you will find there are various tubes attached to you and you may feel some weakness or discomfort. This is quite normal after any operation.

All the tubes and drains will gradually be removed during the following days, you will feel stronger and you will start to drink and eat.

Your stoma will begin to be active within a few days. You will be encouraged to help with looking after your colostomy as soon as possible.

At first the stoma will be swollen, surrounded by stitches, and the pouches used at this stage are transparent. The swelling will soon begin to go down, however, and the stitches disappear by themselves or will be removed. The stoma will become smaller and neater. (The stoma will continue to become smaller even after you are allowed home and you will need to check that your pouches are still a good fit.)



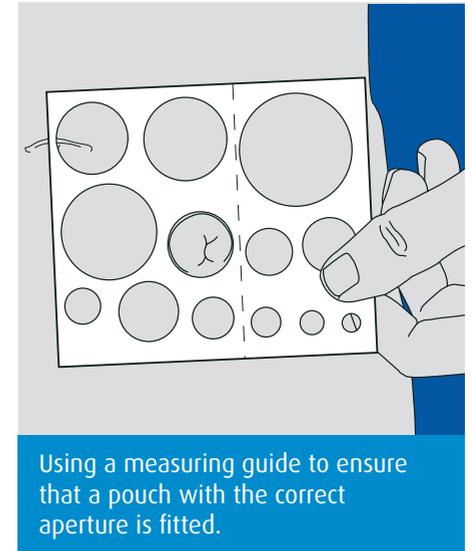
In hospital

You may be in hospital for somewhere between five to ten days. The stoma care nurse will teach you how to change stoma pouches, how to measure the stoma to see that the aperture of the stoma pouch is correct and how to care for your stoma generally. Your stoma care nurse will also fit you with a more discreet type of pouch, after discussing with you what types of pouches are available.

Leaving hospital

When you leave hospital you will be given full details of how to contact your stoma care nurse for information or advice. You will also have an appointment for your first check-up at the hospital and your family doctor will be notified of your return home. You will be given enough supplies of pouches to keep you going for the time being plus a detailed list of the items you use so that you can ask your doctor for a prescription.

This information is based on UK market, your doctor will be able to advise more specifically on the procedure in your country.



Using a measuring guide to ensure that a pouch with the correct aperture is fitted.

At home

When you return home

Support is available from your stoma care nurse and/or community nurse. The stoma care nurse can be contacted by phone, and many hold regular stoma clinics. There are many support groups which are very helpful and supportive.

How to obtain stoma care supplies

To obtain stoma care supplies and information about the wide range of stoma care pouches and accessories available to you please contact your local distributor.

Visit: www.wellandmedical.com Email: info@wellandmedical.com
Call: +44 (0) 1293 615455



Stoma pouches

Your stoma care nurse will be able to show you a selection of pouches and accessories available and will advise you on their use.

Colostomy pouches

The waste passed out from a colostomy is usually fairly firm so a 'closed' or non-drainable stoma pouch is used. The pouch is removed and replaced with a new one once or twice a day, or as required depending on the number of pouches given.

The consistency of waste matter passed out of a stoma does vary, however, according to the position of the colostomy in the colon. If the waste is very liquid (and therefore in greater quantities), some colostomists wear drainable stoma pouches which can be emptied as often as necessary during the day.

Whether you wear a closed or a drainable pouch, you will find there are basically two types of stoma pouch, one-piece and two-piece.

One-piece pouches

These simple pouches are very popular and easy to manage. They are fixed around the stoma by means of a skin friendly hydrocolloid, self-adhesive flange. When changing a pouch for a fresh one, the whole pouch is gently removed and a new one applied in its place.



Stoma pouches

The type of self adhesive flange and precise means of attaching the pouch vary with different types and makes, so it is worth experimenting to find one that suits you, your skin and your way of life. All of the Welland pouches, for example, are affixed with HyperFlex® hydrocolloid. HyperFlex® hydrocolloid is extremely conformable to your body shape, and therefore very secure. This helps to avoid soreness around the stoma.

There is also a choice in the size of pouches available.

The material the pouches are made from also varies. The most modern ones are very fine, soft and discreet, with a backing that is very comfortable next to the skin.

One piece pouch with flushable liner

Simply peel and flush...

The convenience of a flushable liner eliminates the problems of disposal associated with the other ostomy appliances.

It is simple to use and allows a clean, hygienic alternative to current pouch disposal techniques. The material being flushed away is biodegradable. It takes the same amount of time to biodegrade as normal faeces being flushed away down the toilet.



Stoma pouches

Two-piece pouches

These pouches have a flange that fits round the stoma and stays in place for several days, with separate pouches that are attached to it.

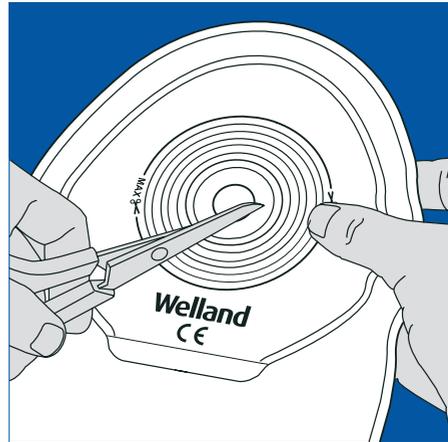
The flange is left in position and a new pouch is fixed to it when required. The flange is usually changed once or twice a week.



Stoma pouches

Aperture sizes

The size of a stoma varies in diameter and stoma pouches are available with different sized apertures or holes. Welland pouches come with a measuring card as part of the pouch box lid. Find the correct sized measuring ring which fits comfortably and snugly round the stoma, without touching it or cutting in. If the stoma is irregularly shaped, it is best to cut your own pattern to fit, using the measuring card as a basis, or using pouches with printed cutting guides.



In the months after surgery the stoma size usually reduces slightly. Check carefully to ensure a good fit – many problems with leakage or skin soreness are caused by using a pouch with the wrong size aperture.

Flatulence, gas & odour

Flatulence is an individual matter and can be a problem for some. It is usually most affected by what foods are eaten and when. Any flatulence produced has to escape, however, most pouches have a built-in filter. This allows wind to be evacuated (thereby avoiding 'ballooning' of the pouch) and helps to absorb any odour from it.

Protecting your skin

Stoma care accessories

The importance of cleaning carefully and gently and of taking care of the skin around the stoma to avoid soreness cannot be emphasised too much. The waste matter in the stoma pouch contains digestive juices which can harm the skin if they come into contact with it. If the skin becomes sore, it can be difficult to get it to heal and to get a good fit with the stoma pouch.

Various barrier preparations which help protect the skin are available in many markets. These include pastes, seals, powders, sprays, creams or liquids, and handy disposable wipes that can just be wiped around the area which when dry form an invisible protective layer.



Irrigation

There is an alternative to wearing a stoma pouch that some colostomists prefer and this is called irrigation. This involves washing out the bowel every 24 or 48 hours to remove faeces. However, only certain stomas are suitable for irrigation, so this method must be discussed with the doctor. Even if suitable, proper training by the stoma care nurse must be given first.

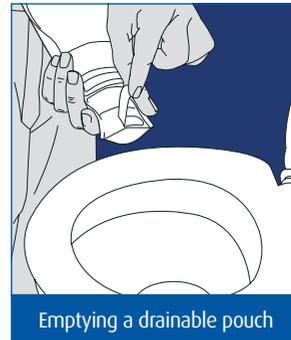
Welland Medical offer a stoma cap which is ideal for those who irrigate to manage their colostomy.



Changing a stoma pouch

Colostomy pouches may be changed as often as necessary, usually after a motion has been passed. With a one-piece pouch, the whole pouch is replaced. If a two-piece appliance is used, the pouch is changed for a new one as often as required and the flange is usually replaced once or twice a week.

(If you use drainable pouches, the pouches may be emptied when necessary and the routine below followed when a pouch change is required. Make sure when applying a new drainable pouch that the bottom of it is securely fastened).



Changing pouches

When you are changing the pouch for a new one, make sure you have everything you need immediately to hand.

Gently and slowly supporting the skin with one hand, ease off the pouch. An adhesive remover can help to remove the flange.

The used pouch can be emptied (cut off the top of the pouch to do this), rinsed out under the flush of the lavatory pan and placed with any tissues etc into a plastic disposal bag – or wrapped in newspaper and put in an ordinary plastic bag.



Never flush used pouches down the toilet unless they are specifically designed with flushable parts. Do not attempt to burn pouches as the plastic gives off toxic fumes when burnt.

Changing a stoma pouch

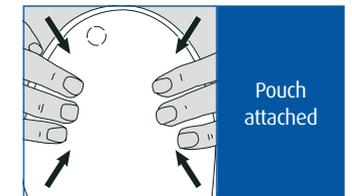
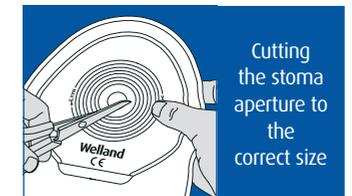
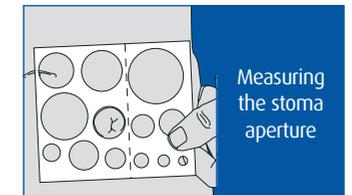
Cleaning the stoma area

Clean gently around the stoma with plain warm water (do not rub), using soft wipes. Dry the skin thoroughly, patting dry gently with tissue or kitchen roll – again, do not rub.

If necessary, check the size of your stoma, using a measuring card. If your pouch needs adjusting, cut a hole to the required size using a pair of pouch cutting scissors.

Replacing the appliance

Remove the protective cover from the adhesive flange. It may help to warm the flange with your hands or even a hair dryer before removing the protective cover. This will help the flange to adhere better to the skin.



Back to normal

Once you have recovered from your operation and are getting back to normal, having a colostomy needn't restrict you in any way. You can do what you like, wear what you like, go back to work and generally live your usual life. Other people will not be aware, unless you tell them, that you have a colostomy.

Settling down

Do not be surprised if your stoma is active frequently in the early days. It will soon settle down to a fairly regular routine. This is helped by eating sensibly and regularly.

Food

There is no need to be on a special diet or be restricted in any way just because you have a colostomy – enjoy your food as before.

However, some foods can cause digestive problems, whether you have a stoma or not. If you want a curry, have one – but be prepared to use extra pouches the next day! Trial and error will show if there are any foods that particularly upset you, e.g. giving you excess flatulence, diarrhoea or constipation. Some foods have a tendency to produce more flatulence or odour (e.g. beans, onions, cabbage) and some people prefer to avoid these foods in excess.

Experiment and if you think a certain food has given you problems, don't eat it for a few weeks and then try a small portion.

Don't forget that, like anyone else's, your insides can just as easily be put out of routine by emotional upsets etc!

You are your own best judge of what you can eat. In all likelihood you will be able to enjoy a wide and varied diet.

Back to normal

Drink

Alcohol in moderation will not harm you, although large quantities of beer or lager may give you flatulence.

Travelling

A colostomy will not prevent you from taking trips local trips or going abroad by land, sea or air.

Carry a travel kit, packed in a small pouch or toilet bag, containing: clean stoma pouches, tissues, barrier wipes if used, scissors, deodorant spray if required and plastic disposal bags (plus diarrhoea medication as advised by your doctor just in case). You can then empty or change your pouch wherever there is access to a toilet and handbasin.

If you are travelling by air, pack a good supply of stoma pouches and accessories in your hand luggage in case your suitcases go astray. It is always best to check with your airline about any hand luggage restrictions.

Check your travel insurance to make sure it does not preclude any pre-existing conditions or have any age limits.



Back to normal

Sex life

After such major surgery it is bound to take you some time to get back to normal. Don't be in too much of a hurry about love-making, take your time.

You may feel shy at first because of the change in your body and because of the stoma pouch. Pouch covers can help, or ladies can treat themselves to some appealing underwear or nightwear (perhaps lacy cami-knickers or silk pyjamas) that can be worn during love-making.

In some cases, after the operation, there may be some local nerve damage or scar tissue that causes difficulties. Problems often resolve themselves with time and understanding. Even if some difficulties do eventually remain, there are many different ways of enjoying pleasurable sexual contact.

If you have problems, or if you are entering into a new relationship and would like advice, specialist help and counselling on the subject is readily available. Don't wait too long: speak to your stoma care nurse.

Back to normal

Contraception

Whilst it is unlikely that having a stoma will affect fertility, it would be advisable to discuss this matter with your stoma care nurse or doctor.

Pregnancy

Women with colostomies have had successful pregnancies. If you want to try for a baby, discuss the matter with your doctor or stoma care nurse.



Problems that may arise

Surface bleeding from the stoma

A slight smear of blood on the wipe when cleaning the stoma is common and no cause for alarm. It can also occur if you are too vigorous in your cleaning routine or suffer a slight knock.

Bleeding from inside the stoma

This is not normal. This or any change in stoma size should be reported to your doctor.

Change in stoma colour

If the stoma suddenly changes colour, e.g. becoming dark or blueish, check to see it is not being constricted in any way and inform your doctor at once.

Constipation

This can result in some obstruction, with consequent flatulence and discomfort. Extra fluids, fruit, or more fibre in the diet may help. Constipation sometimes occurs as a side effect of medication such as certain types of painkillers. If the problem is severe or happens frequently talk to your stoma care nurse or doctor.



Diarrhoea

Drink plenty of fluids to replace those lost. If you think that a certain food has affected you, leave it out of your diet for a few weeks and then try again. Drainable pouches can be useful while you have diarrhoea, to save changing pouches too often. If you have frequent or severe diarrhoea (or persistent vomiting) seek medical advice.

Skin soreness

Check the aperture size of your pouch is correct. Change your appliance only when necessary, and do so slowly and carefully. Gently ensure surrounding skin is absolutely clean and dry. Barrier wipes and creams may help. Try a pouch with better skin protection.

Problems that may arise

'Leaks'

Leaks shouldn't happen! Check to make sure the pouch is applied properly and that you are using pouches with the correct size aperture. Pouches vary in the degree of security offered, so try other types if you continue to have problems. Consult your stoma care nurse.

Flatulence or gas

This can be a problem with a colostomy. It is often aggravated by certain foods. Many colostomists discover that by juggling their diets they can manage the problem better. Some find that taking fennel tablets or eating yogurt can help. Experiment to see which foods cause it, e.g. cabbage, beans, fizzy drinks, nuts.

No faeces going through into the pouch, associated with severe pains

Seek medical advice.

Slow healing

After major surgery on the rectum it is quite common for scars and wounds in this area to continue to weep for quite some time. This is quite normal, but if it happens to you and you are worried about it, talk to your nurse.

Discharge from the Rectum (back passage)

If your rectum was not removed, you may still pass mucus (jelly/slime) from your back passage. This is normal, but if it is frequent or causes you discomfort tell your stoma nurse or doctor. Obvious bleeding or other discharge should also be reported.

Phantom rectum

If you have a permanent colostomy and your rectum has been completely removed, it may feel as though you need to open your bowels in the old way, even though you cannot any longer pass motions through the anus. This feeling may last for several months after the operation, but speak to your doctor or stoma nurse if you are concerned about it.

Your questions answered

Will people be able to tell I have a colostomy?

The answer to that is NO – today's stoma pouches are very slim and discreet. Wear what you like and what's comfortable (see below for sportswear). Have you ever seen anyone who you thought looked as though they had a colostomy?

When should I change my pouch?

Usually when a motion has been passed. Many colostomists find that their bodies settle into a routine, passing faeces at fairly regular intervals, e.g. first thing in the morning or last thing a night.

What about sports?

No problem – carry on swimming, dancing, playing games, gardening or whatever you enjoy doing most. Patterned one-piece costumes disguise any slight bulges for women, while men might prefer fairly high-waisted boxer type shorts. Baggy T-shirts are great cover-ups at any time, but particularly over leotards for ladies' keep-fit.

Whom should I tell?

It's entirely up to you and is a very personal decision.

Will odour be a problem?

Just as with normal bowel motions, there will obviously be some odour while you are changing the pouch (deodorant sprays are available to help with this), but if you are aware of odour at any other time, check the appliance and if necessary consult the stoma care nurse. The food you eat can affect odour produced.

Baths and showers?

Yes, either with the pouch in place or, at times of inactivity of your stoma, without a pouch on. Water will not go into your bowel even in the bath.

Can I take medicines?

Yes, but remind your doctor, if necessary, that you have a stoma – some tablets can go through and come out unchanged at the other end! Some drugs may alter the bowel output, i.e. constipate or loosen stool.

Will my life insurance be affected?

All insurance companies you deal with should be notified about your colostomy.

Associations and support groups

Contact your distributor for local support groups and associations.

To find your local distributor visit

Visit: www.wellandmedical.com Email: info@wellandmedical.com

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